MDR: M4-03-A315-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 8/21/03.

## I. DISPUTE

Whether there should be reimbursement for chronic pain program 97799-CP from 12/31/02 through 2/13/03.

## II. FINDINGS

The injuries of \_\_\_ were disputed by the carrier by TWCC-21 on 6/16/03, stating, "Carrier disputes disability and extent of injury and medical treatment for the diagnosis of diabetic neuropathy and diabetic peripheral neuropathy as it is an ordinary disease of life and subject to the general public and not related to the work comp injury."

At a Benefit Review Conference (BRC) held 10/10/03 there was an agreement between the parties that the "claimant's injury does not include diabetic neuropathy and reflex sympathetic dystrophy..."

## III. RATIONALE

Rule 133.307 (g)(3) states, "(3) If the request contains only medical fee disputes, the commission shall notify the parties and require the requestor to send to the commission, two copies of additional documentation relevant to the fee dispute. The additional documentation shall include:...

(B) a copy of any pertinent medical records or other documents relevant to the fee dispute;"

The requestor failed to submit medical reports as required per Rule 133.307(g)(3). The Commission was unable to verify delivery of service, but also whether or not the disputed treatment was for the non-compensable diabetic neuropathy and reflex sympathetic dystrophy. On this basis, reimbursement is not recommended.

## IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for 97799-CP.

The above Findings and Decision are hereby issued this <u>25<sup>th</sup></u> day of <u>May</u> 2004.

Noel L. Beavers Medical Dispute Resolution Officer Medical Review Division